



FREDERICKSBURG POLICE DEPARTMENT

PARKING PERMIT APPLICATION



Name: _____

Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Permit Requested: Resident [☐] Resident Visitor [☐] Resident Student [☐] Employment [☐]

Vehicle Tag: _____ State: _____ Year: _____ Color: _____

Make: _____ Model: _____

Signature of Applicant: _____

Fredericksburg Police Department Use ONLY

Resident Permit Checklist:

Photo ID Checked [☐] Type: _____

Vehicle Registration Address Checked [☐]

Type of Proof of Residence [☐]

Resident Visitor Permit Checklist:

Photo ID Checked [☐] Type: _____

Valid Permit Holder Confirmed [☐]

Previous permits for the vehicle checked [☐]

Resident Student Permit Checklist:

Photo ID Checked [☐] Type: _____

Student ID Checked [☐]

Current registration checked [☐]

Current lease and address checked [☐]

Employment Permit Checklist:

Photo ID Checked [☐] Type: _____

Current registration checked [☐]

Letter from employer checked [☐]

Permit Number: _____ Expiration Date: _____

Parking Zone: _____

Employee Issuing Permit/Visitor Pass: _____ Date: _____

Employee Entering Permit in RMS: _____

Visitor Permit Number: _____ Expiration Date: _____

Visitor Permit Number: _____ Expiration Date: _____